

# CLAIMS ONLY

*Original of Re. Ault. A.*

Application Number

101829, 207

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

AIMS	AS FILED 4/22/04		AFTER FIRST AMENDMENT 4/22/06		AFTER SECOND AMENDMENT 12/27/04	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9			1		1	
10				1		1
11				1		1
12				1		1
13			1			
14				1		
15				1		
16				1		
17			1		1	
18				1		1
19				1		1
20				1		1
21				1		1
22			1			
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
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34				1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
Total indep	2		4		10	
Total Depend	6		14		12	
Total Claims	8		18		22	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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62						
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96						
97						
98						
99						
100						
Total indep						
Total Depend						
Total Claims						